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PTO/SB/82 (01-06)
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## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number 09/763,911

Filing Date 02/27/2001

First Named Inventor Walid N. Aboul-Hosn

Art Unit 3653

Examiner Name Maiorino, Roz

Attorney Docket Number 9261.16626-PCT-US

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR ✓ I hereby appoint the practitioners associated with the Customer Number: 36154 Please change the correspondence address for the above-identified application to: ✓ The address associated with Customer Number: 36154 OR Firm or Law Office of Alan W. Cannon Individual Name Address 834 South Wolfe Road City State Sunnyvale, California 94086 Country U.S.A. Telephone (408) 736-3554 alan@acannonlaw.com I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  $\square$ Statement under \$7 (FR \$.73%) is enclosed. (Form PTO/SB/96) TURE of Applicant or Assignee of Record Signature Name Steven A. McAuley: A-Med Systems, in Date Telephone 10-26-06 (763) 494-2425 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\* forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO, THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (12-05)

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## STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: <u>A-Med Systems</u> , Inc.	
Application No./Patent No./Control No.: 6,969,379	Filed/Issue Date: <u>11/29/2005</u>
Entitled: Intravascular Cannulation Apparatus and Methods of Use	
A-Med Systems, Inc.	, a Corporation
(Name of Assignee) States that it is:	(Type of Assignee: corporation, partnership, university, government agency, etc.
1. The assignee of the entire right, title, and interest; or	-
2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is	st%)
in the patent application/patent identified above by virtue of eit	her:
original assignment is attached.  OR	el <u>011634</u> , Frame <u>0422</u> , or a true copy of the
B. A chain of title from the inventor(s), of the patent application	ation/patent identified above, to the current assignee as follows:
From: T     The document was recorded in the United States     Reel, Frame	o:
2. From: T	o:
The document was recorded in the United States Reel, Frame	Patent and Trademark Office at
From:T  The document was recorded in the United States	0:
Reel, Frame	Patent and Trademark Office at, or for which a copy thereof is attached.
Additional documents in the chain of title are listed on a supplemental sheet.	
Division in accordance with 37 CFR Part 3, to record 302.08)  The undersigned (whose title is supplied below) is authorized to	ordation pursuant to 37 CFR 3.11. ssignment document(s)) must be submitted to Assignment the assignment in the records of the USPTO. See MPEP
Million James	10-26-06
Signature	Date
Steven A. McAuley; A Med Systems, Inc.	(763) 494-2425
Printed or Typed Name	Telephone Number
Assistant Secretary, Patent Counsel Title	

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